

RECAPITULATION AND SUMMARY SHEET

For use of this form, see ER 1180-1-8; the proponent agency is CECC-C.

1. CONTRACT NUMBER

2. DATE (YYYYMMDD)

3. PROJECT

4. EMPLOYER

5. PRIME CONTRACTOR

6. NAME OF EMPLOYEE <i>(Last, First MI)</i>	a. UNDERPAYMENTS									b.		c. ACTION TAKEN					
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	LIQUIDATED DAMAGES		(1) DIRECTED RESTITUTION BY EMPLOYER			(2) OTHER ACTION		
	DAVIS-BACON ACT	McNAMARA-OHARA SERVICE CONTRACT ACT	WALSH-HEALEY ACT	CONTRACT WORK HOURS AND SAFETY STANDARDS ACT (CWHSSA)	COPELAND ACT	FAIR LABOR STANDARDS ACT	MILLER ACT		TOTAL	(1) NUMBER	(2) AMOUNT	(a) GROSS	(b) NET	(c) EXHIBIT	(a) SF FORM 1093	(b) RETAINED	